



Arbovirus Surveillance:



Serology Request Form- Sentinels

Submitter Information	
Name:	
E-mail:	
Phone number:	
Fax number:	
Organization:	
Address:	
City:	
State:	
Zip Code:	
County:	

DOH LAB USE ONLY	
Date Received:	
Date Reported:	
HAI (Flavivirus/Alphavirus)	
Bureau of Public Health Labs-Tampa Contact: Ms. Maribel Castaneda Phone: 813-233-2342 Fax: 813-233-2380 E-mail: Maribel.Castaneda@flhealth.gov or Lea.Heberlein-Larson@flhealth.gov	

Specimen Collection Data				DOH LAB USE ONLY	TITER		
Collection Date	Bird #	Site	New	LAB NUMBER	Flavi*	Alpha*	Notes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

*Flavivirus includes SLE & WN; Alphavirus includes EEE and HJ

This form must accompany all serum specimens submitted for serologic examination. Submitter should fill out the left side of the form completely. Do not skip lines when listing collected specimens. If the bird is new to the flock or bled for the first time, place an X in the New column. Please contact us if there are any questions.